ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH Registered No ... STANDARD CERTIFICATE OF BIRTH County... District or Township (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 2. Full name of child 3. Sex of Child 4. Twin, triplet or other... 6. Legitimate? To be answered ONLY 7. Date in event of plural of birth 5. No., in order of birth., Month Day FATHER 14. Full maiden name 9. Residence 15 Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state, 10. Color or race 16 Color or race 11. Age at last birthday 17. Age at last birthday 12. Birthplace (city or place) 18. Birthplace (city or place) (State or country) (State or country). 13. Occupation 19. Occupation Nature of Industry Nature of Industry 20. Number of children of this mother_ (a) Born alive and now living 21. Were precautions taken against ophthalmia neonatorum? (b) Born alive but now dead. (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Physician or midwife). Given name added from a supplemental report.... Month, day, year Registrar Registrar